

EXPRESS MAIL LABEL NO. _____

PTO/SB/01 (6-95)

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Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE0010/PTO
Rev. 6/95U.S. Department of Commerce
Patent and Trademark Office

MAY 17 2002

**DECLARATION FOR
UTILITY OR DESIGN
PATENT APPLICATION**

 Declaration Submitted with Initial Filing

OR

 Declaration Submitted after Initial Filing

Attorney Docket Number	310265.90236
First Named Inventor	Carl Dvorak
COMPLETE IF KNOWN	
Application Number	10/052,659
Filing Date	01/18/2002
Group Art Unit	
Examiner Name	

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe that I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

HEALTHCARE INFORMATION SYSTEM WITH CLINICAL INFORMATION EXCHANGE

the specification of which

(Title of the Invention)
 is attached hereto

OR

 was filed on (MM/DD/YYYY)

01/18/2002

as United States Application Number or PCT International

Application Number

10/052,659

and was amended on (MM/DD/YYYY)

(if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations §1.56.

I hereby claim foreign priority benefits under Title 35, United States Code §119(a)-(d) or §365(b) of any foreign application(s) for patent or inventor's certificate or §365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached? YES	Certified Copy Attached? NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional foreign applications numbers are listed on a supplemental priority sheet attached hereto:

I hereby claim the benefit under Title 35, United States Code §119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority sheet attached hereto.

Burden Hour Statement: This form is estimated to take .4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, Washington, DC 20231. QBMA#1323059

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DECLARATION

Page 2

I hereby claim benefit under Title 35, United States Code §120 of any United States application(s), or §365(C) of any PCT International application designating the United States of America, listed below and, Insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application or PCT International application in the manner provided in the first paragraph of Title 35, United States Code §112, I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations §1.56 which became available between the filing date of the prior application and the national or PCT International filing date of this application.

U.S. Parent Application Number	PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)

Additional U.S. or PCT international application numbers are listed on a supplemental priority sheet attached hereto

As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and all continuation and divisional applications based thereon, and to transact all business in the Patent and Trademark Office connected therewith:

<input type="checkbox"/> Firm Name OR	Quarles & Brady LLP	Customer Number or label	26734
<input type="checkbox"/> List attorney(s) and/or agent(s) name and registration number below			

Name	Registration Number	Name	Registration Number

Additional attorney(s) and/or agents named on a supplemental priority sheet attached hereto

Please direct all correspondence to Customer Number or label OR Fill in correspondence address below

Name	Nicholas J. Seay						
Address	Quarles & Brady LLP						
Address	P O Box 2113						
City	Madison	State	WI	Zip	53701-2113		
Country	USA	Telephone	(608)251-5000	Fax	(608)251-9166		

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

Name of Sole or First Inventor:				A petition has been filed for this unsigned inventor					
Given	Carl	Middle		Family	Dvorak			Suffix	
Inventor's Signature	<i>Carl D. Dvorak</i>							Date	4-5-02

Residence:	Madison	State	WI	Country	US	Citizenship	US
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Post Office	9113 Aspen Grove Lane						
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Post Office							
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City	Madison	State	WI	Zip	53717	Country	US	Applicant Authority	
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Additional inventors are being named on supplemental sheet(s) attached hereto

Please type a plus sign (+) inside this box

DECLARATION					ADDITIONAL INVENTOR(S) Supplemental Sheet					
Name of Additional Joint Inventor, if any:					A petition has been filed for this unsigned inventor					
Given	Khiang		Middle	Family	Seow			Suffix		
Inventor's									Date	4/5/02
Residence:	Madison			State	WI	Country	US	Citizenship	US	
Post Office	2781 Rosellen Avenue									
Post Office										
City	Madison		State	WI	Zip	53711	Country	US	Applicant Authority	
Name of Additional Joint Inventor, if any:					A petition has been filed for this unsigned inventor					
Given	Charles		Middle Initial	Family Name	Young			Suffix		
Inventor's									Date	
Residence:	Palo Alto			State	CA	Country	US	Citizenship	US	
Post Office	4162 Crosby Place									
Post Office										
City	Palo Alto		State	CA	Zip	94306	Country	US	Applicant Authority	
Name of Additional Joint Inventor, if any:					A petition has been filed for this unsigned inventor					
Given			Middle	Family				Suffix		
Inventor's									Date	
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Firm Name OR Quarles & Brady LLP Customer or label 26734
 List attorney(s) and/or agent(s) name and registration number below

Name	Registration Number	Name	Registration Number

Additional attorney(s) and/or agents named on a supplemental priority sheet attached hereto

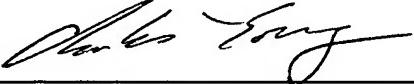
Please direct all correspondence to Customer Number or label OR Fill in correspondence address below

Name	Nicholas J. Seay		
Address	Quarles & Brady LLP		
Address	P O Box 2113		
City	Madison	State	WI
Country	USA	Telephone	(608)251-5000
		Fax	(608)251-9166

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Inventor's Signature					Date			
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Post Office	9113 Aspen Grove Lnne							
Post Office								
City	Madison	State	WI	Zip	53717	Country	US	Applicant Authority
X	X	Additional inventors are being named on supplemental sheet(s) attached hereto						

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Given	Charles		Middle Initial		Family Name	Young			Suffix	
Inventor's									Date	4/18/2022
Residence:	Palo Alto			State	CA	Country	US	Citizenship	US	
Post Office	4162 Crosby Place									
Post Office										
City	Palo Alto		State	CA	Zip	94306	Country	US	Applicant Authority	
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Residence:				State		Country		Citizenship		
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